

EXHIBIT A

GWENDOLYN GUY

7 pgs w/co

FROM:

Tyler	Deposition
Exh. No. 7	Date 3/5/03
Ilana Johnston	Salomon Reporting

BRUCE NUSSBAUM

8-459-7676

GWEN - PLEASE PROCESS THE
TWO DIGIPATHS FOR PHOENIX
IF YOU NEED ANYTHING PLEASE
CALL JONATHAN FRANCES AT
8-459-7954 OR CALL ME
AT MY HOME 301 948-5036. I
AM MOVING TODAY SO IT MAY
BE VERY DIFFICULT TO GET IN
TOUCH.
THANKS
Bruce

Greater Washington CBU

1301 K STREET NW , SUITE 300 WEST WASHINGTON, DC 20005 202-962-7878



DATE: 10/8/99 NUMBER OF PAGES: 3

TO: Pattie ~~to~~ Woliver

FAX NUMBER: 8 - 736 - 2620

FROM: Jonathan Frances

TELEPHONE #: 8* 459-7954

COMMENTS:

Here are the changes. Thanks for
everything.



LEASE AGREEMENT

THE DOCUMENT COMPANY
XEROX

Customer's Legal Name (Bill to) RESIDARY OF PHOENIX COLOR CORP. Check all that apply

Name Overflow (if needed) 22977 EMBLEWOOD CT

Street Address STERLING, VA

Box#/Routing 2046

City, State STERLING, VA

Zip Code 20166

Tax ID# _____

Customer Name (Install) PHOENIX COLOR

Name Overflow (if needed) _____

Installed at Street Address 18249 PHOENIX DR

Floor/Room/Routing _____

City, State HABERSTOWN MD

Zip Code 21742

Country Installed In _____

Customer Requested Install Date 9/29/99

Tax Exempt (Certificate Attached) ☐

Assoc./Coop. Name: _____

☒ Negotiated Contract #: 070716806

☐ Attached Customer P.O. #s: _____ Supplies: _____

Lease: _____

☐ State or Local Government Customer

Int. Rate: _____ % Total Int. Payable: \$ _____

☐ Replacement/Modification of Prior Xerox Agreement

Agreement covering Xerox Equipment Serial# (or 95#): _____

is hereby ☐ modified. ☐ replaced. Effective Date: / /

Comments: _____

Lease Information

Lease Term: 60 months

☐ Supplies included in Base/Print Charges

☐ Refin. of Prior Agm't.: ☐ Xerox (95#) _____ ☐ 3rd Party Eq.

Amt Refin: \$ _____ Int. Rate: _____ % Total Int. Payable: \$ _____

Lease Payment Information

Product (with serial number, if in place equipment)	Purchase Option	Down Payment	Prev Install	Fin'l Interm	Cust Install
(1) DIGI PATH (1) T4115 P411L	\$ FMV	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) DIGIPCA	\$ FMV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) ADDSCAN-A	\$ FMV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) OPTICAL-A	\$ FMV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) MRTBL	\$ FMV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 1951 - : MINIMUM MONTHLY LEASE PAYMENT (excl. of applic. taxes)					

Price Information

☐ **Adjustment Period**

		Period A - Mos. Affected:			
Monthly Base Charge	\$ 1951	Monthly Base Charge		\$	
Print Charge Meter 1:		Print Charge Meter 1:		\$	
Prints 1 - ∞	\$ 0	Prints 1 -		\$	
Prints -	\$	Prints -		\$	
Prints -	\$	Prints -		\$	
Print Charge Meter 2:		Print Charge Meter 2:		\$	
Prints 1 -	\$	Prints 1 -		\$	
Prints -	\$	Prints -		\$	

Mo. Min.# of Prints (based on Meter 1 Print Charges):	Mo. Min.# of Prints (based on Meter 1 Print Charges):
--	--

Period B - Mos. Affected:	-
Monthly Base Charge	\$
Print Charge Meter 1:	
Prints 1 -	\$
Prints -	\$
Prints -	\$
Print Charge Meter 2:	
Prints 1 -	\$
Prints -	\$

Mo. Min.# of Prints
(based on Meter 1 Print Charges):

☐ Purchased Supplies ☐ Cash ☐ Financed ☐ Contract#

Reorder #	Qty	Description	Price
			\$
			\$
			\$
			\$
Total Price =			\$

☐ **Application Software**

Software Title	Initial License Fee <input type="checkbox"/> Cash <input type="checkbox"/> Finance	Annual Renewal Fee <input type="checkbox"/> Support Only
	\$	\$
	\$	\$
	\$	\$
Total Initial License Fees =	\$	

☐ Trade-In Allowance Final Principal Payment#

Manufacturer	Model/Serial #	Allowance
		\$
		\$
		\$
	Total Allowance =	\$

Total Allowance Applied to: ☐ Trade-In Equipment Balance: \$
☐ Price of Replacement Equip.: \$

☐ **K-16 Billing
Suspension**
(check 1 as required)

Months affected

☐ June only☐ July only☐ August only☐ June - July☐ July ☒ August

Customers

Additional Options (check all that apply)

☐ Run Length Plan ☐ Fixed Price Plan☐ **Per-Foot Pricing**☐ **Extended Service Hours:**

Description: /S mo.

☐ **Comp. Replacement Program: \$**☐ Attached Addenda

form# _____ () form# _____

Agreement Presented By:

Name BLUCE IVISDAWN Phone 902 962 7671

Xerox Corporation - Acceptance By:

Name _____ Date _____

Signature _____ Date _____

Form 51860 (10/97)

Customer

Name Don Tyler Phone 703 834 1111

Title V.P. PHOENIX COLO Date 9/27/99

Signature _____

LEASE AGREEMENT

THE DOCUMENT COMPANY
XEROX

Customer's Legal Name (B/C) PHOENIX COLOR CORP. Check all that apply
 Name Overflow (if needed) PHOENIX COLOR CORP. ☒ Tax Exempt (Certificate Attached)
 Street Address 22922 EMBLEWOOD CT. ☐ Assoc./Coop. Name: _____
 Box#/Routing _____ ☒ Negotiated Contract #: 070716806
 City, State STERLING, VA ☐ Attached Customer P.O. #s: _____ Supplies: _____
 Zip Code 20166 Lease: _____
 Tax ID# _____ ☐ State or Local Government Customer
 Int. Rate: _____ % Total Int. Payable: \$ _____
 Customer Name (Install) PHOENIX COLOR ☐ Replacement/Modification of Prior Xerox Agreement
 Name Overflow (if needed) _____ Agreement covering Xerox Equipment Serial# (or 95#): _____
 Installed at Street Address 18249 PHOENIX DR. is hereby ☐ modified, ☐ replaced. Effective Date: 9/1/99
 Floor/Room/Routing _____ Comments: _____
 City, State WAGELSTOWN, Md Lease Information
 Zip Code 21742 Lease Term: 60 months
 County Installed In _____ ☐ Supplies included in Base/Print Charges
 Customer Requested Install Date 9-12-99 ☐ Refin. of Prior Agm't.: ☐ Xerox (95#) ☐ 3rd Party Eq.
 Amt Refin: \$ _____ Int Rate: _____ % Total Int. Payable: \$ _____

Lease Payment Information

Product (with serial number, if in place equipment)	Purchase Option	Down Payment	Prev Install	Fin'l Interm	Cust Install
(1) DIGIPATH (1) TWISPAIR	\$ FMV	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) DIGIPCA	\$ FMV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) ADDSCAN-A	\$ FMV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) DETICAL-A	\$ FMV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) MRTAL	\$ FMV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 1951 - MINIMUM MONTHLY LEASE PAYMENT (excl. of applic. taxes)					

Price Information

☐ Adjustment Period

Period A - Mos. Affected:		Period B - Mos. Affected:	
Monthly Base Charge	\$ 1951	Monthly Base Charge	\$
Print Charge Meter 1:		Print Charge Meter 1:	
Prints 1 - <u>∞</u>	\$ 0	Prints 1 -	\$
Prints -	\$	Prints -	\$
Prints -	\$	Prints -	\$
Print Charge Meter 2:		Print Charge Meter 2:	
Prints 1 -	\$	Prints 1 -	\$
Prints -	\$	Prints -	\$

Mo. Min.# of Prints
(based on Meter 1 Print Charges): _____Mo. Min.# of Prints
(based on Meter 1 Print Charges): _____Mo. Min.# of Prints
(based on Meter 1 Print Charges): _____☐ Purchased Supplies ☐ Cash ☐ Financed ☐ Contract#

Reorder #	Qty	Description	Price
			\$
			\$
			\$
			\$
			\$
		Total Price =	\$

☐ Application Software

Software Title	Initial License Fee	Annual Renewal Fee
	<input type="checkbox"/> Cash <input type="checkbox"/> Finance	<input type="checkbox"/> Support Only
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	Total Initial License Fees =	\$

☐ Trade-In Allowance Final Principal Payment#

Manufacturer	Model/Serial #	Allowance
		\$
		\$
		\$
		\$
		\$
		Total Allowance =

Total Allowance Applied to: ☐ Trade-In Equipment Balance: \$☐ Price of Replacement Equip.: \$☐ K-16 Billing
Suspension
(check 1 as required)

Months affected

☐ June only☐ July only☐ August only☐ June - July☐ July - August

Additional Options (check all that apply)

☐ Run Length Plan ☐ Fixed Price Plan☐ Per-Foot Pricing☐ Extended Service Hours:

Description: _____ /\$ _____ mo.

☐ Comp. Replacement Program: \$☐ Attached Addenda

form# _____ () form# _____

Agreement Presented By:

Name BRUCE NUSSBAUM Phone 202 962 7676

Xerox Corporation - Acceptance By:

Name _____ Date _____

Signature _____

Form 51860 (10/97)

Customer: DON TYLER Phone 203 834 1111
 Title VP PHOENIX COLOR Date 9/27/99
 Signature [Signature]

★ ★ DOTTED AREAS ★ ★
To be completed by the Sales CBR.
All other areas to be completed by the Sales Rep.

ORDER AGREEMENT INTERNAL DOCUMENT

THE DOCUMENT COMPANY
XEROX

Customer Number 098663859 95 Customer Number 3147651 2 Sale Range Worksheet/Unit DIGIPATH Product DIGIPATH Order Number _____

Customer Name TECHNICAL/PROFESSOR Ordermaker Loc _____ Install Rep Loc _____ Order Emp # 955496 Install Emp # AGBIWL Warr Mos _____ Equip BCD _____ Maint. BCD _____

Sale Price List # _____ Maint. Price List # / Plan Description _____ Rental Price List # _____ Applicable Marketing Guide Article(s) # _____ Data Unit CPAS

Config. Override _____ Override Data Unit _____ Commission Waiver Code _____ Network ID _____ Pooling ID _____ Pooling ID / Type (not CPC related) _____

Tax Exempt ☐ Yes ☐ No Tax Codes State: _____ County: _____ City: _____ Tax Overrides ☐ PT&D ☐ P&A ☐ Rent ☐ Sale ☐ Other Geo Code State: _____ County: _____ City: _____

Standard Industrial Code (SIC) _____ Install Establishment # _____ Nature of Business PRINTING Years in Business _____ XNAC _____

METER READS (in place equipment) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	NUMBER OF EMPLOYEES at the Customer's Location 1. <input type="checkbox"/> 1-9 5. <input checked="" type="checkbox"/> 100-499 2. <input type="checkbox"/> 10-19 6. <input type="checkbox"/> 500-999 3. <input type="checkbox"/> 20-49 7. <input type="checkbox"/> 1000-1499 4. <input type="checkbox"/> 50-99 8. <input type="checkbox"/> 1500-2499 9. <input type="checkbox"/> 2500+	State and Local Contract <input checked="" type="checkbox"/> Fed. Gov't Contract # _____ <input type="checkbox"/> Government Firm Contract Option <input type="checkbox"/> Government Fiscal Year Option Government Fiscal Year Begins: _____	CUSTOMER INVOICING REQUIREMENTS (check all that apply) <input type="checkbox"/> Outbound <input type="checkbox"/> Inbound <input type="checkbox"/> RIC <input type="checkbox"/> Meter Collection <input type="checkbox"/> Fax <input type="checkbox"/> Meter Cards <input type="checkbox"/> Single Invoicing <input type="checkbox"/> Electronic Invoicing <input type="checkbox"/> Summary Invoicing <input type="checkbox"/> Electronic Funds Transfer <input type="checkbox"/> Summary Override <input type="checkbox"/> Finance Summary <input type="checkbox"/> EBS Statement Invoicing <input type="checkbox"/> IMI Code _____ Link # _____
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Supplies Automatic Replenishment Print Volume Adj. _____
 *Required for Supplies Included Machines
☐ Estimated Print Volume (EMCV) _____
☐ Monthly Print Volumes (fill in all months)
 Jan _____ Feb _____ Mar _____ Apr _____
 May _____ Jun _____ Jul _____ Aug _____
 Sep _____ Oct _____ Nov _____ Dec _____

Supplies Automatic Replenishment Ship-To Address _____
 *Required for Supplies Included Machines
☐ Same as Install Address ☐ Ship-To Address Below
 Attn Name _____
 Contact Name _____
 Phone _____
 Special Delivery Instructions: _____

Delivery / Installation Requirements
 Delivery Contact: DAN TYLER Phone: 1 800 632 4111 Ext. 5099
 Alternate Delivery: _____ Phone: _____ Ext. _____
 Survey Contact: DAN TYLER Phone: 703 834 1111 Ext. _____

Delivery Location/Department: _____ Floor #: _____ Room #: _____ Flooring: ☐ Carpet ☐ Tile ☐ Marble ☐ Other _____
 Delivery Entrance: ☐ Front ☐ Back ☐ Side Delivery Hours 7AM to 5PM Doorway Width _____ RIC/FAX# _____

☒ Loading Dock Elevator: ☐ Passenger ☐ Freight ☐ Upend Required? ☐ Rails Needed? ☐ Staircrawler ☐ Tech. Rep.
☐ Steps # _____ Landings # _____ ☐ Space Ready? ☐ Site Cleared? ☐ Supplies Ordered ☐ Stand / Table Required?
☐ In place equipment / furniture needs to be moved prior to delivery? ☐ Telephone Line Ready?
☒ Electricity / Receptacle Ready Power Cord Type _____ Volts _____ Amps
☐ 20 Amp Receptacle To Customer Customer 20 Amp Receptacle installed? ☐ Yes ☐ No
☐ Customer acknowledges request to be billed for Xerox Service Installation charges on customer installable equipment? ☐ Software
☐ DTR Site Verification required? ☐ Obstruction / obstacles in the delivery path? If checked, explain in space to the right.
☐ Installation Preparation Document reviewed? ☐ Customer Satisfaction Checklist Completed?

- NOTES -
PLEASE PROCESS
+ SHIP ASAP

☐ Pick up trade unit at same time as delivery? Date: _____ ERC Code: _____ ☐ Repack Kit?
 Make: _____ Model: _____ Serial Number: _____ Competitive Equipment Replacement Tag# _____

★ ★ EXCEPTION APPROVALS SHOULD BE OBTAINED BY SALES REP PRIOR TO SUBMITTING ORDER TO CBR ★ ★

Check all that apply:

☐ Competitive Trade-In Range Extension Promotion
☐ XTI / CTI / CRP Headquarters Exception Approval
☐ Waiver of Rental ETCs
☐ Other _____
☐ Other _____
☐ Other _____

Signatures below indicate approval for the items checked on the left

CBU Manager, Sales Operations

Date

CBU Controller

Date

★ ★ DOTTED AREAS ★ ★
To be completed by the Sales CBR.
All other areas to be completed by the Sales Rep.

ORDER AGREEMENT INTERNAL DOCUMENT

THE DOCUMENT COMPANY
XEROX

Customer Number 0981663859	95 Customer Number	Sale Range Worksheet/Unit 8368651 2	Product DIGIPATH	Order Number
Customer Name TECHNIGRAPHIX/PHOENIX	Order Entry Loc	Install Rep Loc	Order Emp # 959496	Install Emp # ACBIWL
Warr Mos	Equip BCD	Maint BCD		
Sale Price List #	Maint Price List # / Plan Description	Rental Price List #	Applicable Marketing Guide Article(s) #	Data Unit CPAS
Config. Override	Override Data Unit	Commission Waiver Code	Network ID	Pooling ID
			Pooling ID / Type (not CPC related)	

Tax Exempt ☐ Yes ☐ No Tax Codes State: | County: | City: Tax Overrides ☐ P&A ☐ Rent ☐ Sale ☐ Other Geo Code State: | County: | City:

Standard Industrial Code (SIC) Install Establishment # Nature of Business **PRINTING** Years in Business XNAC

METER READS (in place equipment)	NUMBER OF EMPLOYEES at the Customer's Location		State and Local Contract X Fed. Gov't Contract # <input type="checkbox"/> Government Firm Contract Option <input type="checkbox"/> Government Fiscal Year Option Government Fiscal Year Begins: 1	CUSTOMER INVOICING REQUIREMENTS (check all that apply)		
	1. <input type="checkbox"/> 1-9	5. <input checked="" type="checkbox"/> 100-499		<input type="checkbox"/> Outbound	<input type="checkbox"/> Inbound	<input type="checkbox"/> RJC
	2. <input type="checkbox"/> 10-19	6. <input type="checkbox"/> 500-999		<input type="checkbox"/> Meter Collection	<input type="checkbox"/> Fax	<input type="checkbox"/> Meter Cards
	3. <input type="checkbox"/> 20-49	7. <input type="checkbox"/> 1000-1499		<input type="checkbox"/> Single Invoicing	<input type="checkbox"/> Electronic Invoicing	<input type="checkbox"/> Summary Override
	4. <input type="checkbox"/> 50-99	8. <input type="checkbox"/> 1500-2499		<input type="checkbox"/> Summary Invoicing	<input type="checkbox"/> Electronic Funds Transfer	<input type="checkbox"/> Finance Summary
5. <input type="checkbox"/> 2500+	9. <input type="checkbox"/> 2500+		<input type="checkbox"/> EBS	IMI Code		
				Statement Invoicing	Link #	

Supplies Automatic Replenishment Print Volume Adj.

*Required for Supplies Included Machines

☐ Estimated Print Volume (EMCV)

☐ Monthly Print Volumes (fill in all months)

Jan	Feb	Mar	Apr
May	Jun	Jul	Aug
Sep	Oct	Nov	Dec

Supplies Automatic Replenishment Ship-To Address

*Required for Supplies Included Machines

☐ Same as Install Address

☐ Ship-To Address Below

Attn Name

Contact Name

Phone

Special Delivery Instructions:

Delivery / Installation Requirements

Delivery Contact:

DON TYLER

Phone: **1 900 632 4111**

Ext. **5059**

Alternate Delivery:

Phone:

Ext.:

Survey Contact:

DON TYLER

Phone: **703 834 1111**

Ext.:

Delivery Location/Department:

Floor #:

Room #:

Flooring:

☐ Carpet

☐ Tile

☐ Marble

☐ Other

Delivery Entrance:

☐ Front

☐ Back

☐ Side

Delivery Hours

7AM To 5PM

Doorway Width

RIC/FAX#

☒ Loading Dock Elevator: ☐ Passenger ☐ Freight ☐ Upend Required? ☐ Rails Needed? ☐ Staircrawler ☐ Tech. Rep.

☐ Steps # Landings # ☐ Space Ready? ☐ Site Cleared? ☐ Supplies Ordered ☐ Stand / Table Required?

☐ In place equipment / furniture needs to be moved prior to delivery? ☐ Telephone Line Ready?

☒ Electricity / Receptacle Ready Power Cord Type Volts Amps

☐ 20 Amp Receptacle To Customer Customer 20 Amp Receptacle installed? ☐ Yes ☐ No

☐ Customer acknowledges request to be billed for Xerox Service Installation charges on customer installable equipment? ☐ Software

☐ DTR Site Verification required? ☐ Obstruction / obstacles in the delivery path? If checked, explain in space to the right.

☐ Installation Preparation Document reviewed?

☐ Customer Satisfaction Checklist Completed?

☐ Pick up trade unit at same time as delivery? Date:

ERC Code:

☐ Repack Kit?

Make:

Model:

Serial Number:

Competitive Equipment Replacement Tag#

★ ★ EXCEPTION APPROVALS SHOULD BE OBTAINED BY SALES REP PRIOR TO SUBMITTING ORDER TO CBR ★ ★

Check all that apply:

☐ Competitive Trade-In Range Extension Promotion

☐ XTI / CTI / CRP Headquarters Exception Approval

☐ Waiver of Rental ETCs

☐ Other

☐ Other

☐ Other

Signatures below indicate approval for the items checked on the left

CBU Manager, Sales Operations

Date

CBU Controller

Date

- NOTES
**PLEASE PROCESS
AND SHIP ASAP**